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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004178					
1. Corporation Name THE LIBERTARIAN PARTY OF MARION COUNTY, INC.					
Principal Place of Business 1941 SOUTHEAST 51ST TERRACE Ocala FL 34471			Mailing Address 1941 SOUTHEAST 51ST TERRACE Ocala FL 34471		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/24/1997 4. FEI Number APPLIED FOR 59-3447230 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CALVO, WILLIAM A III 1941 SOUTHEAST 51ST TERRACE OCALA FL 34471				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP D CALVO, WILLIAM A III 1941 SOUTHEAST 51ST TERRACE Ocala FL 34471 <input type="checkbox"/> DELETE D OWEN, DAVID W 9001 NORTHWEST 200TH STREET ROAD MCINTOSH FL 32664 <input checked="" type="checkbox"/> DELETE D VERRANDO, MARCEL G 2251 SOUTHWEST 90TH STREET Ocala FL 34476 <input checked="" type="checkbox"/> DELETE S MITCHEM, VANESSA H 15 ALMOND PASS Ocala FL 34472 <input type="checkbox"/> DELETE _____ <input type="checkbox"/> DELETE _____ <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D Cyndi N. Calvo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1941 Southeast 51st Terrace 1.4 CITY-ST-ZIP Ocala, FL 34471 2.1 TITLE Lloyd Bellows <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 532 Southeast 14th Avenue 2.4 CITY-ST-ZIP Ocala, FL 34471 3.1 TITLE Vanessa Lindsey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 1723 Northeast 36th Avenue #5 3.4 CITY-ST-ZIP Ocala, FL 34470 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 352 694-9182
 Date Daytime Phone #

CR2E037 (11/98)